



Texas Department of Insurance, Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address:	MFDR Tracking #:	M4-10-4716-01
	DWC Claim #:	
	Injured Employee:	
Respondent Name and Box #: PENNSYLVANIA MANUFACTURERS ASSOC REP BOX # 48	Date of Injury:	
	Employer Name:	
	Insurance Carrier #:	

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary taken from letter sent to attorney: "Attached is the bill that I have sent to you and the insurance adjuster several times. This bill has gone into collection and I am still receiving demand notices. Please bring this to the attention of the adjuster and get back with me on a reason why they are not paying it. This was originally sent to them back in September/October and has not been paid yet."

Principle Documentation:

1. DWC 60 package
2. Receipts
3. Total Amount Sought \$3,038.03

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary as stated on the Table of Disputed Services: "See EOB, No bill received. No bill have been received for * on proper form."

Principle Documentation:

1. DWC 60 package

PART IV: SUMMARY OF FINDINGS

Date(s) of Service	Denial Code(s)	Disputed Services	Amount in Dispute	Amount Due
05/12/09 – 01/28/10	N/A	Hospital, anesthesia, radiology	\$3,038.03	\$0.00
Total Due:				\$0.00

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

This medical fee dispute is decided pursuant to Tex. Lab. Code Ann. §413.031 of the Texas Workers' Compensation Act, and pursuant to all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Tex. Admin. Code §133.270 sets out the procedures for injured employees to pursue a medical fee dispute.
2. 28 Tex. Admin. Code §133.270 sets out the procedures for injured employees to submit workers' compensation medical bills for reimbursement.
3. 28 Tex. Admin. Code §133.270 sets out the fee guidelines for the reimbursement of the out-of-pocket expenses incurred by the injured employee for their workers' compensation injury.

Issues

1. Did the requestor incur out-of-pocket expenses for treatment/services received?
2. Is the requestor entitled to reimbursement?

Findings

1. Medical Fee Dispute Resolution placed a phone call to the injured employee on July 26, 2010 to discuss the request for medical fee dispute resolution. The injured employee did not incur out-of-pocket expenses for the services listed in dispute.
2. The injured employee did not pay for treatment and services rendered for the dates of service listed in Part IV.
3. **Conclusion** For the reasons stated above, the division finds that the requestor has established that reimbursement is not due. As a result, the amount ordered is \$0.00.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Sec. §413.011(a-d), §413.031 and §413.0311
Texas Administrative Code Sec. §133.270

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. §413.031, the Division has determined that the Requestor is entitled to \$0.00 reimbursement.

August 18, 2010

Authorized Signature

Auditor III
Medical Fee Dispute Resolution

Date

PART VIII: : YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.